JAMES McGUINNESS & ASSOCIATES INC. 0TS onsulta

# **Ontario County eSTACs for School Districts**

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#### What is eSTACs

- \* eSTACs is part of our CPSE Portal website (https://www.cpseportal.com).
- \* It is a series of screens to facilitate the communication of STAC related information from the school district to the County.
- \* The goal is to eliminate sending paper between from the district to the County (or at least get very close).

### Types of Information

- \* The following information can be sent to the County via eSTACs
  - \* Evaluation information (eliminating need for STAC-5)
  - \* Service information (eliminating need for STAC-1)
  - Supporting documentation including
    - \* Medicaid Parental Consents
    - \* Transportation forms
    - \* IEP
    - \* Aide / Nurse forms
    - \* Birth certificate, passport, adoption papers, legal name change document
    - \* More....

### District Designation of Digital Signatories for eSTACs

- \* Each school district completes a District Designation of Digital Signatories for eSTACs form.
  - \* This form will designate the CPSE Chair and all staff who will have access to eSTACs, and will be marked as to who can sign & submit STAC-1 & STAC-5's for the school district.
  - \* McGuinness will enter all staff listed on the form and invite them to the Portal.
  - \* Once the school district staff accepts the invitation, and sets up their Portal account, then McGuinness will give the staff the necessary permissions to each staff to sign according to what is marked on the form.
- \* If the school district has a change in staff or needs to add/remove staff signing privileges, a new form should be completed, and sent to McGuinness.

#### District Designation of Digital Signatories for eSTACs

#### District Designation of Digital Signatories for eSTACs

District

CPSE Chairperson

I authorize of the following individuals to use a digital signature to submit electronic STAC records the eSTACs system on behalf of our district.

Name	eMail	Position / Title	STAC-5	STAC-1
		CPSE Chairperson		

We certify that for any STAC-5 that the above individuals electronically sign and submit through the eSTACs system, the child has received the submitted multidisciplinary evaluation in accordance with Section 4410 of the Education Law and the Regulations of the Commissioner of Education and we maintain proper documentation to support this.

We certify that for any STAC-1 that the above individuals electronically sign and submit through the eSTACs system, the preschool student with a disability is being provided the educational services submitted and that such services have been recommended by the Committee on Preschool Education and that the child is eligible for such placement in accordance with Section 4410 of the Education Law and the Regulations of the Commissioner of Education and we maintain proper documentation to support this.

Name

Title

Please fax the completed form to (518) 393-9938 attention eSTACs.

Signature

Date

#### **Getting Started**

- \* Each district has a login to the CPSE Portal.
- \* That single login can "invite" additional users from their district.
- Every individual that logs in for a district should have their own username & password.
- \* When a person receives an invite, they can then click a link to accept the invitation and create a username and password.

## Inviting New Users

	PO	R	<b>TA</b>					Hello, West
Home	File Transfer	IEP	eSTACs 🔻	Lookup 🔻	Reports	Medicaid	People 🔻	My Account
			Hide				District User	rs

\* Go to **People -> District Users** 

\* Click "Invite New User".



## Inviting New Users

- \* Enter First Name, Last Name &
   Email address of new user, and click
   "Send Invite".
- CPSE Portal will send an email inviting the new user to join the Portal.

Invite New Us	er	×
District: Der	no District	
First Name	Timothy	
Last Name	Frament	
Email	tim@demodistrict.org	
Confirm Email	tim@demodistrict.org	
		Send Invite

## Accepting the Invitation

\* The new user will receive the below email containing a link to join the Portal.

\* The link will come from **noreply@CPSEPortal.com**.

From: noreply@CPSEPortal.com Sent: Thursday, January 31, 2019 9:56 PM Subject: User Invitation

Timothy Frament,

You have been invited to be associated with the district DEMO DISTRICT in the CPSEPortal system. Please follow the link below to confirm this invitation, and associate yourself with this district.

http://localhost/CPSEPortal/People/Invites/DistrictInvitationResponse.ashx?code=db7d8f7ab79a4ddebd037d9c855e36fc

NOTE: This is an automated email and should not be replied to.

#### **Choosing Username and Password**

- The confirmation page allows the user to choose a username and password, and "Accept Invitation".
- When the individual enters their choice for a username the screen will display whether that name is available or not.

CPSEPortal Invitation You have been invited to be assoc password and then you may log in	<b>1</b> ciated with <b>V</b> as a to the system. If any of your detail	a c Is
Name Confirmation - ConfiFirst NameLast NameTimothyFrament	rm this information is correc	ct
User Account Information Username myUserName	ailable	
Password  Accept Invitation	Confirm Password	
	User Account Information Username demodistrict	ken
	Password	Confirm Password

### Invitation Issues – User did not receive an email

- Have user check their junk / spam folder.
- \* Use the Pending Invitations
   tab under People -> District
   Users to either:
  - \* Resend link
  - \* Copy the link and send with your email

Users	Per	iding Invitatio	ns		
First Nar	ne	Last Name	Email	Email Sent	
Test		User	demo@cpseportal.com	01/31/2019 @ 10:17 PM	resend delete View Lini
vite New U	lser				

Link to Invitation	×
http://localhost/CPSEPortal/People/Invites/DistrictInv code=b89d3aa6bbc842079b77da67b71378a0	vitationResponse.ashx?
Сору	Ctrl+C

## **Deleting District Users**

\* If a staff member leaves their position the CPSE Chair listed in the Portal can delete them from the Portal.

#### \* Go to **People -> District Users**

\* Select the "Delete" option next to the staff members name.

н	ome	File Transfer	IEP 🔹	eSTACs	Lookup	Documents	Reports	Medicaid	People	My Account	Knowledge Base
Di	stric District	t Users and	Invitatio	ns ~					District Users		
Г	Users	Pending Invita	ations								
		UserName	First Name	Last Name	E	mail					
				1 march 1			Delete				
					¢		Delete				
	nvite Ne	ew User									

## Logging In

- \* Use your browser to navigate to <u>https://www.cpseportal.com</u>
- Enter your User Name and password.



#### Digital Signature – User Profile

- \* The user's account should have that individuals first and last name associated with the account.
- You can easily see whether your account has the first and last name entered by looking user profile panel on the dashboard when you first log in.
- \* To add or edit First & Last name, click My Account -> User Account Details.





## **Digital Signature**

#### \* Go to My Account -> User Account Details

- \* Use the User Account Details page to enter / edit your Last name and First name for your account.
- \* Click "Update" to save the changes

User Information U	pdated Successfully	
Username	RyDellUser	
Last Name	Mary	
First Name	Thomas	
Email	RydellUser@RydellCSD.org	
	Update	

My Account

My Profile

My Articles

My Configuration

My PIN

Change Password

User Account Details

Knov

#### Digital Signature – Signature & Title

#### \* Go to My Account -> My Profile

- \* On the Personal and Professional tab, ensure that your first and last name are correct.
- \* Enter your Signature & Title by typing out your "signature" exactly as it would be if you signed your name with a pen. Include any punctuation, titles, etc. that you include when you sign your name for CPSE related documents.
- \* Click "Update" to save your changes.



M	y Profile	
٢	Personal and Professior	User Information Favorites •
	LINFORMATION IN CPSE Dat	labase
	Last Name	Thomas
	First Name	Mary
	NPI	
	Signature, Title, and Cre	edentials Dr. Mary Thomas, CPSE Chairperson
	(e.g.: Mary Brown, CCC	-SLP)
		Update

## Digital Signature – Creating Your Pin

#### \* Go to My Account -> My PIN

- \* To create your PIN:
  - \* 1 Choose a PIN and type it in the PIN Number field.
  - \* 2 Enter your username that you log in with (should be prefilled).
  - \* 3 Enter your password that you use to login to CPSE Portal.
  - \* 4 Click "Save PIN".





### Digital Signature – Creating PIN Problems

- The message "No person record exists for your account. PIN cannot be created." indicates that you did not perform Step #1 – Entering your first and last name for the user account.
- \* The message "Invalid Password. Try Again" indicates that what you are entering into "Password" field is not the correct password that you use to log into CPSE Portal. Make sure that you are not entering your PIN a second time in the Password field.

PIN Selection	
No person record exists for your ac	count. PIN cannot be created.
PIN Number: Username: Password:	Save PIN



#### Forgotten Passwords

- \* User can click "Forgot your password?" on login screen.
- \* Enter your username and click"Submit".
- \* An email with a new password will be sent to your email address.



Forgot You	r Password?
Enter your User Name t	to receive your password.
User Name:	

#### Forgotten Usernames

- Any district user (or County user) can use the district users screen to view all the users and see what their username is.
- \* Go to **People -> District Users**



## eSTACs Children

#### eSTACs Student Search

#### \* Go to eSTACs -> Student Search



#### Student Search

Filters				
Last Name First Name	DOB	STACID	CIN	Student Number
County ROCKLAND ~				
District CLARKSTOWN CSD 🗸				
				Clear Filters Retrieve

- \* The fields above are used as filters to find a specific child. You can search based on any combination of fields.
- \* Searching with no filters specified will return all children. Click "Retrieve".

#### Student Search – no Filters

Last Name		First Nan	пе		DOB		STACI	D		CIN	Student Num	nber
County		1										
county (	-											
District												
											Clear Filters	Retrie
Add New St	udent											
Add Hen 51	ducint											
Last Name	First Name	DOB	Gender	CIN	STACID	Student Numbe	r					
Balmudo	Leo	03/19/16	М			6600019969	Edit	Details	Delete			
Carrington	Michael	04/04/16	М			6600019981	Edit	Details	Delete			
Chisum	Tom	12/31/16	м			6600019967	Edit	Details	Delete			
DelFuego	Anthony	03/12/16	м			6600019973	Edit	Details	Delete			
DiGregorio	Charlene	02/22/16	F			6600019968	Edit	Details	Delete			
DiMucci	Louis	12/15/16	M			6600019980	Edit	Details	Delete			
Facciano	Franchesca	09/09/16	F			6600019971	Edit	Details	Delete			
Jaworski	David	05/18/16	М			6600019972	Edit	Details	Delete			
LaTierri	Sonny	08/13/16	М			6600019965	Edit	Details	Delete			
Maraschino	Marty	07/22/16	F			6600019966	Edit	Details	Delete			
McKenzie	Bradley	12/05/16	м			6600019974	Edit	Details	Delete			
Misner	Martin	11/11/16	м			6600019978	Edit	Details	Delete			
Murdoch	Kenickie	10/10/16	м			6600019970	Edit	Details	Delete			
Nogerelli	John	06/14/16	м			6600019975	Edit	Details	Delete			
Rebchuck	Paulette	08/22/16	F			6600019977	Edit	Details	Delete			
Rizzo	Betty	09/09/16	F			6600019964	Edit	Details	Delete			
Willard	Willie	05/11/16	М			6600019979	Edit	Details	Delete			

#### Student Search – Partial Name

 For the first and last name you can enter the first few letters and search to find all students that name start with those letters.

Di		First Nam	ne		DOB			STACID	CIN	
District										
County [										
										Retrieve
Add New St	udent First Name	DOB	Gender	CIN	STACID					
Add New St Last Name DiGregorio	udent First Name Charlene	DOB 02/22/16	Gender F	CIN	STACID	Edit Deta	ills			

#### Student Search - Wildcard

 Use the percent sign (%) as a wildcard.

Filters										
De%fuego	De%fuego First Name				DOB			STACID	CIN	
District District										
County [										
										Retrieve
Add New St	udent									
Last Name	First Name	DOB	Gender	CIN	STACID					
Del Fuego	Peter	05/15/15	Μ			Edit	Details			
DelFuego	Anthony	03/12/16	Μ			Edit	Details			
DeltoroFuego	Maria	09/12/16	F			Edit	Details			

#### Student Search – Multiple Fields

You can search for
 both first and last
 name as well as
 partial first and last
 names.

Filters						 			
rizz		fr			DOB		STACID	CIN	
District	▼								
County									
									Retrieve
Add New St	udent								
				0111	CTA OID				
Last Name	First Name	DOB	Gender	CIN	STACID				

## **Student Demographic Information**

#### Student Information

 Field with an asterisk (\*) next to their label are required in order to save.

 The county will complete other fields if the information is known.

_Add/Edit Student			
County of Student's Current Location*	ROCKLAND ~		
Is this student placed in Foster Care?*	◯Yes◯No *Required		
District*	ABBOT ~		
Legal Last Name*	*Required Suffix		
Legal First Name*	*Required		
Middle Initial			
DOB*	*Required		
Gender*	○Male○Female *Required		
Race/Ethnicity*	✓ *Required		
CIN			
SEDSTACID			
Address			
City			
State			
Zip			
Transfer Student Information			
From County	From		
· · · · · · · · · · · · · · · · · · ·	District		
		Sava	Cancel

#### Student Details

- Top section shows child demographic information.
- \* Lower section has tabs for:
  - \* STAC-5s (one row per STAC-5)
  - Evaluation Components (one row per evaluation component)
  - \* IEP Placements (one row per STAC-1)
  - IEP Mandates (one row per mandated service on IEP)
  - Documents ( uploaded documents for student)

CPSE: 420901060000 BALDWINSVILLE CSD Student Information	
Last Name: First Name: DOB: 7/12/2018 Eligibility: 7/1/2021 - 8/31/2023	
STACID: CIN: Student Number: 4200049933	Edit Resync
STAC-5s Evaluation Components IEP Placements IEP Mandates Documents	Forms
eSTACs Evaluation Number County Description Status Submitted By Submitted I	Date
No STAC-5s	
Add New Evaluation	

\* Forms

## Editing Existing Student

#### \* Search for student

- \* Click "Edit" to edit student demographics (name, address, etc.)
- Click "Details" to get to student details page with evaluations, services, documents, etc.

Filters								
Last Name		First Nam	ne		DOB			
District	•							
County								
county								
Add New Stu	udent					ţ	1	
Last Name	First Name	DOB	Gender	CIN	STACID			
Balmudo	Leo	03/19/16	M			Edit	Details	
Carrington	Michael	04/04/16	M			Edit	Details	
Chisum	Tom	12/31/16	M			Edit	Details	
Del Fuego	Peter	05/15/15	M			Edit	Details	
DelFuego	Anthony	03/12/16	M			Edit	Details	
DeltoroFuego	Maria	09/12/16	F			Edit	Details	
DiGregorio	Charlene	02/22/16	F			Edit	Details	
DiMucci	Louis	12/15/16	M			Edit	Details	

# eSTACs Viewing STAC-5

#### eSTACs vs Paper STAC-5

_Evaluation Info	
Coupty*	WESTCHESTED 2
County	
School Year*	2020 - 2021 🗸
Provider*	✓ 1
Is this student placed in Foster Care?*	●Yes○No
County at time of placement*	<b>∠</b> 2
Child is:	OPreschool Student With a Disability Non-Disabled 4
Translation Cost	5

#### This student is eligible for evaluations from 09/01/2018 to 07/31/2021

Evaluation	Component	Eval Date	Bilingual	
Social	SOC			
Psychological	PSY			
Speech/Language	SPT			
Physical Therapy	PHT			
Occupational Therapy	OCT			
Physical/Medical	PHY			
Education	EDU			6
Audiological	AUD			
Other Physician	OTH			
Other Non-Physician	отн			
Psychiatric	PYC			
Neurological	NEU			
Optometric	OPT			
Orthopedic	ORT			
Counseling	CSL			
Functional Vision	FUV			
Teacher of Visually Impaired	TVI			
Neuropsychological	NPY			

STAC-5	The University of the Sta HE STATE EDUCATION STAC and Medic	te of New York DEPARTMENT aid Unit		Rev. 8/2017
Request for Commissioner's A	pproval of Rein	ach evaluation component was complet valuations indicate on line provided.	ed (use four digits to indi	aluations cate month and year).
STUDENT INFORMATION       Last Name     First Name       Date of Birth (mm/dd/yy)     Student Identification Number (if applicable)     G	Middle Initial Audiological Counseling Education Ie Male Functional V	EVALUATION COMPONENT AUC CSL EDL ision FUV	MONTH / YEAR	CHECK IF BILINGUAL
DISABILITY         RACIAL ETHNIC CATE STUDENT           The child named above is:         I Hispanic or Latino           PD - Preschool Student With a Disability         Not of Hispanic Origin:           ND - Non-Disabled         American Indian or Alsakan Native Black or African American Vitive Havaiian or ot Pacific Islander           U         U           U <td>der ican her d page)</td> <td>MUS NEL Dological NPY I Therapy OCT Visual) OPT dical PHY prapy PHT PYC al PSY</td> <td></td> <td></td>	der ican her d page)	MUS NEL Dological NPY I Therapy OCT Visual) OPT dical PHY prapy PHT PYC al PSY		
School District with CPSE Responsibility CPSE District SED ( County of Child's Current Location (where child resides)	BEDS) Code Speech / La Teacher of V Other:	soc nguage SP1 risually Impaired TVI		
County at time of Placement in Foster Care	Cost of trans report for mo Name Phone	ation/transmittal of evaluation documen nolingual evaluations only. PERSON COMPLE	tation or summary §	5
CERTIFICATION OF EVALUATION: I certify that the preschool child here multidisciplinary evaluation as indicated above and in accordance with Sectio Education Law and the Regulations of the Commissioner of Education. Signature CPSE ChairpersonD	in named received a MU n 4410 of the Cos ate/ Rep	NCIPALITY: The municipality of	r Commissioner's Appro iild pursuant to Section 4	has received on wal of Reimbursement for the t410 of the Education Law.

#### **Evaluations on Student Details**

- \* There are two tabs for Evaluations:
- \* **STAC-5s Tab** shows one line per STAC-5 group of components.

STAC-5s	Eval	luation Components	IEP Placements	IEP M	andates	Do	cuments	Fo	orms						
County	1	Des	scription		Status		Submitted	Ву	Subn	nitted Date					
WESTCHES	STER	FRED S KELLER SCHO	OL Jul 2020 (PSY, SC	DC, SPT)	Not Submitte	ed					Edit	Delete	Print	Sign and Submit	
Add New	Evalu	ation													

#### **Evaluations on Student Details**

- \* The second tab for Evaluations is the Evaluation Components.
- \* Evaluation Components Tab shows one line per component.

5	STAC-5s	AC-5s Evaluation Components		ents II	EP Placements	IEP Mandat	es Doo	uments F	orms				
	Count	y		Provide	r	Component	Eval Date	Bilingual	Status	Submitted By	Submitted Date		
١	WESTCHE	STER	FRED S	<b>KELLER</b>	SCHOOL	Psychological	07/14/2020	No	Not Submitte	d		Edit	Delete
1	WESTCHE	STER	FRED S	<b>KELLER</b>	SCHOOL	Social	07/14/2020	No	Not Submitte	d		Edit	Delete
	WESTCHE	STER	FRED S	<b>KELLER</b>	SCHOOL	Speech/Language	07/23/2020	No	Not Submitte	d		Edit	Delete
0								-					
	Add New	STAC	-5										

# eSTACs Viewing STAC-1

#### STAC-1 Services on Student Details

- \* There are two tabs for Services:
- \* IEP Placements Tab shows one line per STAC-1 group of components.

STAC-5s	Evaluation Comp	onents	IEP Placem	ents IEP I	Mandates	Documents	Forms	Eligibility Waivers	_							
School Year	nool Year Session All Sessions 🗸															
eSTACs F	eSTACs Placement Number School Year Session Placement Description Status Submitted By Submitted Date I I I I I I I I I I I I I I I I I I I															
PL0007578	<del>36</del>	<del>2021 - 20</del> 2	22 Winter	<del>CB</del>	09/08/2021	-06/24/2022 GRE	ENBURCH	<del>CSD-9100(J)</del>		Rescind Complete	e <del>vkravitz</del>	<del>8/26/2021</del>		P	rint	
PL0007662	20	2021 - 202	22 Winter	СВ	09/09/2021	-06/24/2022 ACD	S.INC-9100	(I)		Submitted	vkravitz	8/26/2021	Amend	Rescind Pi	rint	Submission History Resync
PL0009509	)1	2022 - 202	23 Summer	СВ	07/04/2022	-08/12/2022 ACD	S.INC-9100	(A)		Submitted	vkravitz	6/6/2022	Amend	Rescind Pi	rint	Submission History Resync
PL0010754	15	2022 - 202	23 Winter	СВ	09/06/2022	-11/23/2022 ACD	S.INC-9100	(I)		Submitted	vkravitz	11/29/2022	Amend	Rescind Pi	rint	Submission History Resync
PL0011947	7	2022 - 202	23 Winter	SEITRS	11/29/2022	-06/23/2023 RS (/	ASST TECH	I DEV, ASST TECH SVC, OT	T(I), ST(I))	Submitted	vkravitz	4/21/2023	Amend	Rescind Pi	rint	Submission History Resync
PL0013647	79	2023 - 202	24 Summer	SEITRS	07/05/2023	-08/15/2023 RS (	OT(I), ST(I))			Submitted	vkravitz	5/30/2023	Amend	Rescind Pi	rint	Submission History Resync
Add CB I	Add CB Placement Add SEIT/RS Placement															

#### STAC-1 Services on Student Details

- \* The second tab for services is the IEP Mandates.
- \* IEP Mandates Tab shows one line per component.

STAC-5s	Evaluation Compo	nents IEP Place	ments	IEP Man	dates Documents	Forms Eligib	ility Waivers								
School Year S	ession 2022 - 2023	Winter				~									
Placement	eSTACs Placement Number	eSTACs Placement Detail Number	From Date	To Date	Provider	Service	Program	Location	ESID	Rate	Description	Status	Submitted By User	Submitted Date	
202223W_01	PL00107545	PD00277997	09/06/22	11/23/22	ACDS.INC	Classroom	9100		CB2223W0057266	42961.00	Classroom 5.00 hrs/day 5 days/wk	Submitted	vkravitz	11/29/2022 12:55:11 PM	Amend Rescind Resync
202223W_01	PL00107545	PD00277999	09/06/22	11/23/22	ACDS.INC	Speech Therapy Indiv		Preschool	CBRS2223W0064828		ST(I) 3x30 (Preschool)	Submitted	vkravitz	11/29/2022 12:55:11 PM	Amend Rescind Resync
202223W_01	PL00107545	PD00278000	09/06/22	11/23/22	ACDS.INC	Occupational Therapy Indiv		Preschool	CBRS2223W0064829		OT(I) 2x30 (Preschool)	Submitted	vkravitz	11/29/2022 12:55:11 PM	Amend Rescind Resync
202223W_01	PL00107545	PD00278001	09/06/22	11/23/22	ACDS.INC	Parent Counseling and Training		Preschool	CBRS2223W0064830		PNT Group 1x60 MONTHLY (Preschool)	Submitted	vkravitz	11/29/2022 12:55:11 PM	Amend Rescind Resync
202223W_01	PL00107545	PD00278004	09/06/22	11/23/22	WESTCHESTER PARENT TRANSPORTATION	Parent					Transportation: Parent	Submitted	vkravitz	11/29/2022 12:55:11 PM	Amend Rescind Resync
202223W_02	PL00119477	PD00314656	11/29/22	03/15/23	ACDS.INC	Speech Therapy Indiv		Facility Location / Private Office	RS2223W0201178		ST(I) 2x45 (Facility Location / Private Office)	Submitted	vkravitz	4/21/2023 10:07:42 AM	Amend Rescind Resync
202223W_02	PL00119477	PD00314657	12/05/22	06/23/23	Dynamic Kids	Occupational Therapy Indiv		Facility Location / Private Office	RS2223W0201179		OT(I) 2x30 (Facility Location / Private Office)	Submitted	vkravitz	4/21/2023 10:07:42 AM	Amend Rescind Resync
202223W_02	PL00119477	PD00336363	03/16/23	06/23/23	ACDS.INC	Speech Therapy Indiv		Facility Location / Private Office	RS2223W0202356		ST(I) 1x45 (Facility Location / Private Office)	Submitted	vkravitz	4/21/2023 10:07:42 AM	Amend Rescind Resync
202223W_02	PL00119477	PD00338230	03/16/23	06/23/23	Dynamic Kids	Speech Therapy Indiv		Facility Location / Private Office	RS2223W0202365		ST(I) 1x30 (Facility Location / Private Office)	Submitted	vkravitz	4/21/2023 10:07:42 AM	Amend Rescind Resync
202223W_02	PL00119477	PD00336368	03/15/23	06/23/23	WESTCHESTER INST FOR HUMAN DEVELOP	Assistive Tech Device		Home/Community	RS2223W0202357		ASST TECH DEV 10x30 IEP (Home/Community)	Submitted	vkravitz	4/21/2023 10:07:42 AM	Amend Rescind Resync
202223W_02	PL00119477	PD00349235	04/24/23	06/23/23	WESTCHESTER INST FOR HUMAN DEVELOP	Assistive Technology Services		Home/Community	RS2223W0202800		ASST TECH SVC 1x30 MONTHLY (Home/Community)	Submitted	vkravitz	4/21/2023 10:07:42 AM	Amend Rescind Resync

## eSTACs Uploading Documents

#### **Required Documents**

- Ontario County is requiring the following documents to be uploaded, before you can sign and submit:
- \* STAC-5:
  - \* The Consent to Evaluate
  - \* An **Evaluation Justification Letter only** needed if 2 evaluations need to be completed within the same school year for the same type of evaluation when completing the STAC-5.
- \* STAC-1:
  - \* The **IEP** upload the entire IEP that corresponds with the dates and services listed in eSTACs.

## Uploading a Document

- Select Documents tab on Student Details screen.
- This will also show any Missing Documents that need to be uploaded.
- Click "Upload" button at bottom of screen or "Upload" at the end of the missing document line.

CPSE: 50040206	60000	-									
Student Informat	ion										
Last Name:	First	Name:	DOB:	3/9	/ <b>2017</b> Eli	gibility:	1/1/2020 - 8/31	/2022			
STACID:	CIN:		Student	Number: 50	00038460			Edit	SED Summ	nary	Resync
STAC-5s	Evaluatio	n Componen	ts IEP PI	acements	IEP Manda	ates	Documents	Forms			
Uploaded	d Docu	ments								-	
Docume	ent Type	Uploaded D	ate Applie	d To Sub	nitted Date	Subr	mittedUser C	Comments			
No Document	S										
Missing I	Docum	ents									
Category	-	Туре	Document	Description		Applie	s To				
CHILD	MEDICAI	D CONSENT	Medicaid Par	ental Conser	t			Show Docu	iment List U	lpload	
PLACEMENT	IEP		Copy of IEP f	or Placemen	t 09/10/2021	-06/24/	2022 RS (ST(I))	Show Docu	iment List U	pload	
Upload	Upload	Multiple Doc	uments								
opioud	oproud										

## Uploading a Document

- \* Click "Choose File" button.
- \* Browse to the file location and select the file.
- \* Click the "Open" button on the file dialog
- \* The filename will appear next to "Choose File" button.
- \* Click "Upload".

Child Informa	tion	
Last Name:	Rizzo First Name: Franl	k DOB: 12/18/2016 Eligibility: 7/1/2019 - 8/31/2022
STACID:	CIN:	Edit

T 🚺 / IN	is PC 7 Excerbisk (cl) 7 EstiAcs 7 DE	neoocuments > Patricia sim	cox.	V 0 5	earch Patricia Simcox	
Organize - New folde	tr				100 <b>v</b>	
eSTACsDemoDo ^	Name	Date modified	Туре	Size		
Patricia Simcox	🔁 Birth Certificate	3/18/2019 1:43 PM	Adobe Acrobat D	93 KB		
SandyOlsson	🔁 Consent	3/18/2019 2:10 PM	Adobe Acrobat D	58 KB		
Webinars	🔁 EvalVerification	3/18/2019 2:02 PM	Adobe Acrobat D	466 KB		
a OneDrive	🔁 TRF Englsih refised 08-2018	3/19/2019 5:41 PM	Adobe Acrobat D	78 KB		
This PC						
3D Objects						
Desktop						
Documents						
Downloads						
Music						
E Pictures						
Videos						
Local Disk (C:)						
New Volume (D:						
TimsBackup (E:)						
T						

Child Information	00 RYDELL CSD			
Last Name: Rizzo STACID:	First Name: Frank CIN:	DOB: 12/18/201	BEligibility: Edit	7/1/2019 - 8/31/2022
Choose File Conse	nt.pdf		Upload	

## Uploading a Document

- Right had side shows the \* document being uploaded.
- \* If uploading the entire IEP, then check box "Enter **Details for Entire** Document".
- \* Choose document type.
- \* Choose correct school year and placement.

Enter Details for E Page 1 to 1	intire Document 🗹	≡ eSTACsFil	eHandler.ashx		1 / 11   - 100% +   1	: \$	
Document Type School Year Placement 07/05/2021-08/13	Serv : IEP				Blind Brook-Rye Union Free Scho 390 North Ridge Street Rye Brook, NY 10573-110	ol District 5	
Comments TEP	Medicaid : Medicaid Parental Consent Medicaid : Parent Refused Medicaid Consent Medicaid : Failed to obtain Medicaid Consent Medicaid : Parent Revoked Consent Foster Care : LDSS2999 Eval : Evaluation Justification Letter Eval : Justification For Eval Outside Eligibility Dates Trans : TAF Trans : Parent Acknowledgement Form Serv : Aide		Student: Address: Contacts: School Year: 2021-2022 Special Alerts:		Date of Birth: 12/22/2017 Age as of meeting date: 3:4 Native County: Westchester Interpreter Home/Mobile #: H: (914) 539-5147 M: (914) 420-6713 Home/Mobile #: H: (914) 539-5147 M: (914) 539-5147 Placement: Approved Preschool Special Education Program	Gender: Male Language: English Required: No Work #: Work #: School: Preschool Itinerant Services Only	ID #: 112201514 Email: Email: Grade: Preschool
	Serv : Nurse Serv : IEP		IEP INFORMATION		SUMMARY-SPECIAL EDUCATION PROGRAMS A	ND RELATED SERVICES	
OK Cance	Serv : Interpreter Serv : Summer Regression Justification Serv : Explanation for not having a STAC-5		Projected IEP Start Date: Projected IEP End Date: Projected Date of Annual Review: Projected Date for Reevaluation: Extended School Year: Behavior Intervention Plan: Supplementary Aids and Services: Assistive Technology: Supports for School Personnel: Testing Accommodations: Participate State/District Assessments: Snecial Transportation:	07/05/2021 06/25/2022 06/24/2022 03/18/2024 Yes No No No No No No No No No No No No No	Special Class in an Integrated Setting: 6:1+1 Speech/Language Therapy: Individual Occupational Therapy: Individual Physical Therapy: Individual Special Class in an Integrated Setting: 6:1+1 Speech/Language Therapy: Individual Occupational Therapy: Individual Physical Therapy: Individual	09/01/2021 - 06/24/2022 2 x* 09/01/2021 - 06/24/2022 2 x* 09/01/2021 - 06/24/2022 2 x* 09/01/2021 - 06/24/2022 2 x* 07/05/2021 - 06/13/2021 5 x* 07/05/2021 - 08/13/2021 2 x* 07/05/2021 - 08/13/2021 2 x*	Weekly, 5hr. School Weekly, 30min. School Weekly, 30min. School Weekly, 30min. School Weekly, 5hr. School Weekly, 30min. School Weekly, 30min. School

#### Documents for Aide / Nurse / Interpreter

- \* There are occasions when you will need to upload the Request For Reimbursement For Partial Aide/Nurse/Interpreter form.
- eSTACs will inform you when this form is needed when completing the Sign and Submit process.
- \* Go to the Aide/Nurse/Interpreter tab and click Print.
- \* Have form signed and upload form to eSTACs.

		0											
CPSE: 112	806060000	RYDELL CSD											
Student Inf	ormation												
Last Name	: Balmudo	First Name: Leo	DOB:		3/19/2017	Eligibility: 1/1/2	2020 - 8/31/202	2					
STACID:		CIN:	Student N	lumber:	500003971	8		Edit					
Placement	Information			_									
Session: Fr	om Date: 09	08/2021 To Date:	06/22/2022	,									
Hrs/Day: 5.	00 Days/Wk	c 5 Aide/RN/LPN:		-									
Provider: F	RED S KEL	LER SCHOOL Prop	gram: <b>9100</b>										
	-		_		-								
Program	n Aide /	Nurse / Interprete	r Rela	ated Sei	rvices	Transportation							
•													
Туре		Sharing	Star	t Date	End Date	Hours P	er Day	Days Per W	Veek Submitted Date	Status			
Aide	Shared wi	th 3 other students	09/0	8/2021	06/22/2022	2 5.0	0 5	5		Not Submitted	Edit	Delete	Print
~			✓ 09/08	8/2021	06/22/2022	2 5.00		5 🗸			Add		
	-1								1				
Determ to	Student Det	taile											

#### Comparison eSTAC to Paper Form

Program Aide / Nurse / Interpreter Related Services				Transportation						
Туре	Sharing	Start Date	End Date	Hours Per Day	Days Per Week	Submitted Date	Status			
Aide 1	Shared with 3 other students 2	09/08/2021	06/22/2022	2 5.00 3	5 4		Not Submitted	Edit	Delete	Print
~	~	09/08/2021	06/22/2022	5.00	5 🗸			Add		

	REQUES Partial 1:1 AL	AC AND SPECIA T FOR REIME DE, 1:1 NURS	L AIDS UNIT BURSEMENT FOR E, 1:1 INTERPRETI	ER
	**FOR	PRESCHOO	L USE ONLY**	
STAC ID#	(if l	known)		
Student Name:	Balmudo, Le	eo .	Date of Birth:	03/19/17
Preschool Provider Name	FRI	ED S KELLER S	CHOOL	
Preschool Program Type/	Name:	9100		
STAC AND SPECIAL AIDS UNIT         REQUEST FOR REIMBURSEMENT FOR         Partial 1:1 AIDE, 1:1 NURSE, 1:1 INTERPRETER         **FOR PRESCHOOL USE ONLY**         STAC ID#				
Is this 1:1 Aide/Nurse	e/Interpreter Share	d? NO	YES X	
		If YES	, Number of Students Sha	ring the 1:1: 3
1:1 AIDE/NURSE/INTE	RPRETERFO	R PRESCHOOL	EDUCATION:	
Start Date of 1:1 Aide/Nu	rse/Interpreter:	9 / 8 / 21	Projected End Date:	6 / 22 / 22
Hours Per Day Program F	Runs:	5.00		
Hours Per Day Student in	Program:	5.00	Days Per Week Studer	nt in Prog: 5
1:1 Aide/Nurse/Interprete	r Hrs/Day Reques	ted: 3 5.00	1.1 Days/Week Request	ted: 4 5



## **Signing and Submitting**

#### Sign and Submit Evaluations

- \* Once all documents have been uploaded, you can now "Sign and Submit" the STAC-5.
- \* The Status, Submitted By & Submitted Date columns will now show a status of submitted, who submitted the STAC-5, and the date submitted.
- \* This will now be sent to the county for review.

STAC-5s	Evaluation Components	omponents IEP Place		IEP N	landates	Docu	umer	its	Form	ns	
County	Description IC Nov 2021 (PHT)	Status Not Submitted	Submitt	ed By	Submitted	l Date	Edit	Delete	Print	Sign and Submit	
Add Nev	v Evaluation							1	·		

### Submitting – Unsubmitted Evaluation List

- \* Go to eSTACs -> Submit -> Submit Evaluations
- \* This grid displays unsubmitted evaluations based on selected filters.
- \* Rows where Status = "OK To Submit" will have a checkbox.
- \* Rows where Status = "Problems Found" will not have a checkbox.
- \* Mark the checkbox on the rows that you wish to submit to the County or click "Select All".



\* Click "Submit" to submit the marked evaluations to the County.

	Evaluation	s To Submit							
(	Select A	II Submit	)						$\bigcirc$
	Select	Last Name	First Name	School Year	Evaluator			Components	Status
			DIONNE	201819	ALL ABOLIT KIDS	1	ALL ABOUT KIDE Mar 2010 (DEX	(, SOC, SPT)	OK to Supmit
		>	HARRIS	201819	Ν			ITER Feb 2019 - Mar 2019 (OCT, PHT, PSY, SOC, SPT)	OK to Submit
[[			CLEO	201819	E			BEYOND Feb 2019 - Mar 2019 (PSY, SOC, SPT)	OK to Submit
	$\overline{}$		CASSIDY	201819	L			019 - Feb 2019 (PSY, SOC, SPT)	Problems Found
			CATHLEEN	201819	L			019 (PSY, SOC, SPT)	Problems Found
			OLLIE	201819	L			019 - Apr 2019 (EDU, PSY, SOC)	Problems Found
			NED	201819	4			F, PSY, SOC, SPT)	Problems Found
			ADAN	201819	BILINGONED INC. DER AGHIEVE DET OND			BEYOND Jan 2019 - Feb 2019 (PSY, SOC, SPT)	Problems Found

#### Sign and Submit Placements

\* Once the county has entered the services from the IEP, you will now need to Sign and Submit the CB Placement and/or SEITRS Placement.

CPSE: 661100010	000 NEW R0	OCHELLE						7				
Last Name:       First Name:       DOB:       6/23/2016       Eligibility:       1/1/2019 - 8/31/2021         STACID:       CIN:       Student Number:       Edit SED Sum												
STAC-5s E	valuation C	omponents	IEP Placements	IEP Mandates	Docume	ents Forms						
School Year Ses	sion All Se	ssions	~									
School Year S	Session F	Placement	Descript	ion	Status	Submitted By	Submitted Date					
2020 - 2021 Su	mmer CE	В	07/06/2020-08/14/2020	-9100(A)	Submitted	import	8/18/2020	Amend	Rescind	Print		Submission History
2020 - 2021 Wi	nter CE	В	09/08/2020-06/25/2021	-9100(I)	Submitted	RS	12/21/2020	Amend	Rescind	Print		Submission History
2021 - 2022 Su	mmer CE	В	07/05/2021-08/13/2021	-9100(A)	Amended			Amend	Rescind	Print	Sign and Submit	Submission History
2021 - 2022 Su	mmer SE	EITRS	07/05/2021-08/13/2021	RS (OT(I))	Submitted	RS	8/4/2021	Amend	Rescind	Print		Submission History
						6						

#### Compare CB Placement to IEP

- \* Compare ALL of the entries on left side to IEP on right side. **Do not** sign & submit if not correct.
- \* If entries do not match, then contact the County.

Student Name DOB 6/23/2016 STAC ID		CPS	E District NEW ROCHEL County WESTCHEST	LLE ER			٩/	≡	E	/ 14	-	+	:	\$)	Ŧ	ē	:
Student # School Year: 2021 - 2022 Summer	Placement Type: CB	Provide	er:														_
Show Rescinded Placements To Submit			Print STAC-1														1
Provider	From Date	To Date	Servi	ісе Туре	Frequency	Location											
8 Th 8	7/5/2021	8/13/2021	9100-A J/A-PRESCHOOL	SPECIAL <sub>1</sub> CLASS OVER 2.	5 5 hrs/day	Classroom											
	7/5/2021	8/13/2021	Occupational Therapy Ind	liv 2	2x30	Preschool		SUMMARY-SPECIAL	EDUCATION PR	OGRAMS AND	RELATED	SERVICES					
	7/5/2021	8/13/2021	Physical Therapy Indiv	3	1x30	Preschool		Special Class: 8:1+2			07	05/2021-08	3/13/2021 5 x	Weekly, 5hr.	Special C	ass	7
	7/5/2021	8/13/2021	Speech Therapy Group	4	1x30	Preschool		2 Occupational Therapy: Ir	ndividual		07	/05/2021 - 08	30 3/13/2021 2 x	min. Weekly, 30min.	School		
	7/5/2021	8/13/2021	Speech Therapy Indiv	5	2x30	Preschool		3 Physical Therapy: Individ 5 Speech/Language Thera	dual apy: Individual		07/	/05/2021 - 08 /05/2021 - 08	B/13/2021 1 x B/13/2021 2 x	Weekly, 30min. Weekly, 30min.	School School		
ALCOHOLD MADE	17/5/2021	8/13/2021	Transportation : Parent				ł	4 Speech/Language Thera	py: Small Group		07/	/05/2021 - 08	B/13/2021 1 x	Weekly, 30min.	School		
Att CPSEPortal.com																	

### Submitting – Unsubmitted Placements List

- \* Go to eSTACs -> Submit -> Submit Placements
- This grid displays unsubmitted placements based on selected filters.
- \* Rows where Status = "OK To Submit" will have a checkbox.
- \* Rows where Status = "Problems Found" will not have a checkbox.
- \* Mark the checkbox on the rows that you wish to submit to the County or click "Select All".

eSTACs 🔻	Attendar	nce 🔻	Billing	Ca
Documents				
Maintenance				
Reports				
STACID Reque	ests 🔸			
Submit		Submi	it Evaluations	
Student Search	h	Submi	t Placements	J.

\* Click "Submit" to submit the marked placements to the County.

County School Ye	ear Session 2022 - 2023 \	Winter ♥ ● Sho ○ On ○ On	bw All Retrieve		
Placements To Submit					
Select All Submit					
Select Last Name First Name	School Year Session	Placement Type		Details	
BYRON	2022 - 2023 Winter	СВ	09/06/2022-06/23/2023 UNION	CHILD DAY CARE CENTER INC-9101(I) Pr	oblems Found
I					



#### Sign and Submit Error Messages

## Submitting – Error Messages

- If all of your documents are not uploaded, you will not be able to sign and submit.
- Your error will tell you what documents need to be uploaded.
- You can also see the missing documents on the documents tab, under Missing Documents

Student Information Last Name: First Nam STACID: I CIN:	e: DOB: Student Numbe	f Eligibili	ty: <b>7/1/2017 - 8/3</b>	1/2020 Edit SED Sum	mary
STAC-5s Evaluation Com	ponents IEP Placement	IEP Mandates	Documents	Forms	
Uploaded Documen	ts				
Document Type Uploa	aded Date Applied To S	ubmitted Date Sub	mittedUser C	omments	
No Documents			I		
Missing Documents	3				
Category Type	DocumentDescription	n Applies To			
CHILD MEDICAID CONS	ENT Medicaid Parental Cons	ent Show	w Document List	Upload	
Upload Upload Multipl	le Documents				$\triangleright$

## Submitting – Error Messages

1. You did not create your first and last name.

2. You did not create a PIN for your Portal account.

**3**. You did not create your signature and title.

4. Your district's authorization paperwork was not sent to McGuinness or you are not listed on the paperwork to sign and submit evaluations.



#### **Common Errors**

- \* Common errors that we at McGuinness see through Portal tickets:
  - \* School District dates not changed therefore start & end dates do not match IEP.
    - \* Always change your school district dates each year to help prevent date errors.
- \* Attaching documents you can either attach one page or all pages.
  - \* When attaching documents, choose 1 page or all pages.
- \* Overlapping placements more than one placement has been created.
  - \* Somewhere you have one or more services that have overlapping dates, or you may have created another placement when you only needed to amend the current placement (see next slide).
- \* School district signed & submitted, but the agency doesn't see changes.
  - \* Once the SD signs & submits the placement, the agency WILL NOT see the change immediately. The county will then synch the change(s) into their Preschool program, and then upload or change the enrollments.

## **Overlapping Placements**

In most cases, you will only have one CB Placement and/or one SEITRS Placement.

- \* In the example below, SEIT services were being added to the child.
  - The district created another SEITRS Placement and added OT & ST to this placement. This created overlapping placements since the OT & ST were in the original SEITRS Placement that was created.
  - \* The original placement should have been Amended and the SEIT provider needed to be entered within here. The additional placement needs to be deleted.

STAC-5s Evaluation Components IEP Placements IEP Mandates Documents Forms											
School Year Session All Sessions											
School Year Session	Placement	Description	Stat	tus S	Submitted By	Submitted Date					
2021 - 2022 Winter	SEITRS	09/13/2021-06/24/2022 RS (OT(I), ST(I))	Submitt	ed		9/9/2021	Amend	Rescind	Print		Submission History
2021 - 2022 Winter	SEITRS	11/08/2021-06/24/2022 SEIT (Alcott School) RS	(OT(I)) Not Sub	omitted			Edit	Delete	Print	Sign and Submit	
Add CB Placement Add SEIT/RS Placement											



## Uploading Additional Documents After Sign/Submit

#### **Uploading Additional Documents**

- \* If you upload documents after you have signed and submitted the placement:
  - \* Go to eSTACs -> Submit -> Submit Documents.
  - \* This will bring up a list of documents that have not been submitted to the County.

## \* You can "Select All" or choose which documents you want to submit to the County.

Sub Filter	mit Documents To County			
Distrie	ct County R	Retrieve		
Sele	ct All Submit			
Sele	Student Name	Document Name	Related To	Rule Name
		IEP	09/01/2022-06/30/2023 RS (ST(I))	
		IEP	09/06/2022-06/23/2023 BUFFALO CITY SD-9160(I)	
		IEP	07/10/2023-08/18/2023 ARC ERIE COUNTY NY - GREEN ACRES -9100(A)	
		IEP	07/10/2023-08/18/2023 ARC ERIE COUNTY NY - GREEN ACRES -9100(A)	
		IEP	09/01/2022-06/30/2023 SEIT (BAKER VICTORY SERVICES) RS (COORD, OT(I), PT(I), ST(I))	
		IEP	09/12/2022-06/30/2023 SEIT (BUFFALO HEARING AND SPEECH CENTER) RS (COORD, OT(I), ST(G), ST(I))	
		IEP	09/12/2022-06/30/2023 SEIT (BUFFALO HEARING AND SPEECH CENTER) RS (COORD, OT(I), ST(G), ST(I))	
		IEP		





#### Reports

### Changing District School Dates

- \* School district yearly dates are defaulted to:
  - \* Summer dates: July 1 August 31
  - Winter dates: September 1 June 30

#### \* Go to eSTACs -> Maintenance -> Default Session Dates for District

Home	File Transfer	IEP	eSTAC	s Look	р	Docume	nts 🔻	Repor	ts 🔻	Medica	aid
Filters   District     Retrieve											
											L
School Ye	ear Session	Descript	tion	Session Star	Ses	sion End	Distric	t Start	District	t End	Ļ
School Ye 202122	ear Session WIN	Descript	tion Winter	Session Start	<b>Ses</b>	sion End 30/2022	Distric 09/01/20	t Start	District 06/30/20	t End	Edit
School Ye 202122 202122	ear Session WIN SUM	Descript 2021 - 2022 V 2021 - 2022 S	tion Winter Summer	Session Start 09/01/2021 07/01/2021	Ses 06/ 08/	sion End 30/2022 31/2021	Distric 09/01/20 07/01/20	t Start )21 )21	District 06/30/20 08/31/20	22 21	Edit Edit
School Ye 202122 202122 202021	ear Session WIN SUM WIN	Descript 2021 - 2022 V 2021 - 2022 S 2020 - 2021 V	tion Winter Summer Winter	Session Star 09/01/2021 07/01/2021 09/01/2020	Ses 06/ 08/ 06/	sion End 30/2022 31/2021 30/2021	Distric 09/01/20 07/01/20 09/01/20	t Start 021 021 020	District 06/30/20 08/31/20 06/30/20	22 21 21	Edit Edit Edit

#### Providers eSTACs Reports

- \* Every County contracts with specific providers for specific services.
- \* The services are:
  - \* Evaluations
  - \* SEIT
  - \* Related Services (fee for service)
  - \* Center based
  - \* Transportation

#### \* These providers can change from year to year.

#### **County Provider Listing**

- This shows which providers are contracted with the County for which particular services
- \* Go to eSTACs -> Reports -> County Provider Listing

eSTACs	Lookup		Documents	Reports 👻
Documents				
Maintenance	•			
Reports		Co	ounty Provider Listi	ng շիդ
Submit	۱.	Co	ounty Provider Listi	ng By Type
Confirmation	×	CE	3 Program Listings	
Student Searc	h	CE	3 Transportation Lis	stings

County Provider Listing								
County ROCKLAND  School Year Session 2021 - 202	22 Winter 🔻	Retrieve						
Excel								
eSTACs Provider Name	NPI	SED Provider Code	SED Provider Name	Evaluations	SEIT	Related Services	Centerbased	Transportation
A STARTING PLACE	1437302262	500308880107	A STARTING PLACE			Y	Y	
ARC PRIME TIME FOR KIDS	1386898583	500308990003	ARC ROCKLAND CO CHAP PRIME TIME	Y		Y	Y	
AVI	1306127626					Y		
CHILDREN'S HOME LMSW, OT, PT, PSYC,	1508019365	80000071335	CHILDREN'S HOME LMSW, OT, PT, PSYC,	Y		Y		
CORNERSTONE FAMILY HEALTHCARE	1689669079					Y		
DEREK FERST, SLP	1740432830					Y		
Donlon-Farry, Eibhlin	1447489687					Y		

#### County Provider Listing By Type

- \* Shows contracted providers for a particular service.
- \* Go to eSTACs -> Reports -> County Provider Listing By Type

eSTACs	Lookup	-	Documents	Reports
Documents				
Maintenance	×.			
Reports	•	Co	ounty Provider Listir	ng
Submit		Co	ounty Provider Listir	ng By Type الس
Confirmation		CI	3 Program Listings	
Student Searc	h	CE	3 Transportation Lis	tings

County Provider Listings			
County ROCKLAND V School Year Session 2021 - 2022 Winter V Type: SEIT V Retrieve			
Excel			
eSTACs Provider Name	NPI	SED Provider Code	SED Provider Name
FRED S KELLER SCHOOL	1407008626	662300880413	APPLIED BEHAVIOR ANALYSIS FRED S KEL
Head Start of Rockland	1639459993	500304880222	HEAD START OF ROCKLAND - PRESCHOOL P
HEBREW ACAD FOR SPEC CHLDRN	1033556519	332000227132	HEBREW ACADEMY FOR SPEC CHLDRN
HTA OF NEW YORK	1033361357	660405880003	HTA OF NEW YORK
SHARON A JOLLY & ASSOCIATES	1467767228	441201880022	SHARON A JOLLY & ASSOCIATES



### **Getting Support**

- \* If you need help you can email the Portal support help desk.
- \* Send an email to <a>eSTACs@CPSEPortal.com</a>.
- \* Please include your district name, which County you work with and a description of your issue.
- \* If you would like to speak on the phone, please state so in your email along with your phone number and best times to reach you.